

MDR Tracking Number: M5-04-2892-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 5, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The work hardening rendered on 5/5/03 through 6/13/03 was found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 29, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Rationale
6/30/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	The requestor did not submit relevant information to challenge the carrier's denial of "N-Not appropriately documented." Therefore it is the commission's position that reimbursement is not warranted.
7/1/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/2/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/3/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/7/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/7/03	99080-73	\$7.50	\$0.00	N	

7/8/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/9/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/10/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/11/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/14/03	97545-WH 97546-WH	\$128.00 \$320.00	\$0.00	N	
7/14/03	99080-73	\$7.50	\$0.00	N	
TOTAL		\$3,343.00	\$0.00		

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 5/5/03 through 6/13/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

MEDICAL REVIEW OF TEXAS
[IRO #5259]
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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 7/26/04

TWCC Case Number:
MDR Tracking Number: M5-04-2892-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

July 14, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Available documentation received and included for review is as follows:

1. Post-op prescription for FCE and work hardening, Dr. M, 4/21/03
2. Work Hardening pre-authorization request, including Functional Capacity Evaluation, Dr. G, 04/21/03

3. Daily logs with weekly work hardening reports, 30 sessions
4/28/03 – 7/14/03

Available record review reveals the following:

____, a 58 year old male, sustained injuries to his left shoulder and left knee following a 45 fall while at work at a construction site. He underwent therapy with Dr. G, chiropractor, progressing to surgery for rotator cuff repair. A functional capacity evaluation performed on 4/14/03 determined that he was functioning in a light-medium physical demand level category, below his heavy PDL Job requirement. Some anxiety and depression disturbances were evaluated (Beck indices) and so it was determined that work hardening was more appropriate than what conditioning. He underwent a six-week work hardening program, during which, according to the weekly progress notes, he continue to make significant gains. Unfortunately there are no interim or discharge functional capacity evaluations available for objective verification.

REQUESTED SERVICE(S)

Medical necessity for work hardening (97545), work hardening, each additional hour (97546), and copies (99080) for dates in dispute: 5/5/03-6/13/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Work hardening involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work.

Considering the time frame of injury and the patient's post-surgical status, he appeared to be an appropriate candidate for work hardening. Additionally, copies are approved as they related to paperwork involved with treatment.

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when

needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The patient entered the work hardening program and demonstrated improvement. There is no apparent justification or rationale provided as to why these services would not be considered medically necessary.

References:

1/ CARF Manual for Accrediting Work Hardening Programs

2/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.